



Producer Brucellosis Testing Reimbursement Form

Producer: _____

Date: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Signature: _____

	Veterinarian	Test/vacc. reason: 1) Change of ownership 2) Movement 3) Entire herd test 4) Other (please specify)	Date tested	Accession #/ Lab Case #	Total # tested
	Clinic Name				
1					
2					
3					
4					
5					

TOTAL TESTED – ON RANCH (OR AT CLINIC)

TOTAL INVOICE AMOUNT

@ \$2.00/hd

Please also submit a completed W-9 form if you haven't done so previously.
(W-9 form is available on DOL or IRS website or by calling the State Veterinarian's Office at 406-444-2043)